

Log of Professional or Volunteer Experience
Dealing with Children or Incapacitated Adults
(See Gal 303.01 (c))

GAL Form 4A/11A
9/15/07

For: _____
(Print Name of Applicant)

[This document is for use with, and is part of, the Supplemental Application for Certification form and (if not previously submitted with an application) the Supplemental Application for Renewal, Reinstatement or Recertification form. See Gal 302.03 (p); Gal 401.08 (p)]

I. Check highest degree applicant has obtained from an accredited college or university

- ☐ Associate's – Must have 5 years experience of at least 200 hours in each year
- ☐ Bachelor's – Must have 3 years experience of at least 200 hours in each year
- ☐ Advanced Degree beyond Bachelor's Degree *(for which a Bachelor's degree was a prerequisite)*
 - Must have 1 year experience of at least 200 hours

II. How many years of experience is applicant claiming? _____

III. Fill in the information below for each year claimed.

Year 1: Beginning date _____ Ending date _____ Total hours for year _____
(mm/dd/yyyy) (mm/dd/yyyy)

Description of Activity	Activity Location (address)	Name & Address of person who can verify information	# Hours for activity

Year 2: Beginning date _____ Ending date _____ Total hours for year _____
(mm/dd/yyyy) (mm/dd/yyyy)

Description of Activity	Activity Location (address)	Name & Address of person who can verify information	# Hours for activity

Year 3: Beginning date_____ Ending date_____ Total hours for year_____
(mm/dd/yyyy) (mm/dd/yyyy)

Description of Activity	Activity Location (address)	Name & Address of person who can verify information	# Hours for activity

Use additional sheets for additional activities or additional years.

Date:_____

Signature:_____

Print name:_____

Note: This form is part of the Supplemental Application for Certification form and Supplemental Application for Renewal, Reinstatement or Recertification form. Pursuant to RSA 641:3, false statements made on this form are punishable by law.